

Application for Absent Voter's Ballot (Rev. 1/10)

Please Print or Type

ID# _____ Ballot # _____
Sub _____ Ward _____ Pct _____
School _____ House _____
Date _____
THIS BOX IS FOR BOARD USE ONLY

VOTER'S REGISTRATION INFORMATION:

Fill this section in **ONLY** if ballot is to be mailed to a different address.

Voter's Name _____

Address _____

Home Address _____

City, Village, or Post Office _____

City _____ State _____ Zip code _____

County _____ Zip Code _____

Phone Number _____ (Optional)

YOU MUST PROVIDE **DATE OF BIRTH:** ____/____/____ (as required by Law)

AND **ONE** OF THE FOLLOWING (as required by Law):

- ☐ The Last Four Digits of your Social Security Number _____.
- ☐ Your Ohio Drivers License # _____ (This is the Number above your birthdate. It starts with two letters.)
- ☐ A copy of a current valid photo ID, a military identification, a current utility bill (within the last 12 months), bank statement, government check, paycheck or other government document (other than a voter registration notification mailed by a board of elections) that shows your name and current address.
(Enclose copy with this application)

I wish to vote in the following election to be held on _____
(month-date-year of election)

CHECK ONLY ONE (A separate application must be completed for each election):

1. **Primary Election:** ☐ Constitution ☐ Democratic ☐ Green ☐ Libertarian ☐ Republican ☐ Socialist ☐ Nonpartisan or issues only

2. ☐ **General Election** 3. ☐ **Special Election**

I wish to have a ballot mailed to me at the address listed above. I understand that if a ballot is mailed to me and I change my mind and appear at my polling place to vote on Election Day, I will be required to vote a provisional ballot that can not be counted until at least 10 days after the election.

I hereby declare, under penalty of election falsification, I am a qualified voter and the statements above are true to the best of my knowledge and belief. I understand that if I do not provide the requested information, my application cannot be processed.

X _____

Signature of Voter

Date Signed

YOU MUST PROVIDE ALL INFORMATION AND SIGN THIS REQUEST OR IT WILL NOT BE PROCESSED!

WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

Mail Completed Applications to:

Phone: 440-350-2700, 440-918-2700, 440-428-4348 (Ext. 2700)

Lake County Board of Elections, Absentee Dept., 105 Main St., P. O. Box 490, Painesville, Ohio 44077